

# Transcript Request

*Please allow four (4) weeks (after payment is received and records are complete) for your request to be filled/postmarked.*

All transcript requests must be received in writing by either faxing (803-454-0428) or mailing this form. Most schools require the *official* transcript be received directly from SCAIHS, not the parent. We, therefore, mail the *official* transcript to the school and send the parent a copy. Please note that a transcript provides documentation of a student's grades and attendance. If you are submitting this request in the midst of the school year, please provide a SCAIHS Report Card with up-to-date grades and attendance (days present and absent). In order to fill a request, all records and payments must be current. **A \$10 fee is charged for each transcript request for K6 (6-year-old kindergarten) through grade 11 and for former students/graduates.** Senior transcripts are at no charge.

Please Print

**Name of Student:** \_\_\_\_\_ **Member #** \_\_\_\_\_  
**Current grade level**  \_\_\_\_\_  
**or year**  \_\_\_\_\_ **and grade level**  \_\_\_\_\_ **in which student was last enrolled through SCAIHS**  
**or year of graduation through SCAIHS**  \_\_\_\_\_

**Name of Parent or Legal Guardian:** \_\_\_\_\_

**Address:** (street) \_\_\_\_\_  
 (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**I request a transcript for the above named student be sent by SCAIHS to:**

Please Print

**Deadline for Scholarship Application or School Registration—if applicable:** \_\_\_\_\_  
 (date transcript must be in the hands of the institution named below)  
*Reminder—Allow SCAIHS four weeks (after payment is received and records are complete) to process and mail this request.*

**Reason for request:**  College Application  Scholarship Application  Concurrent Enrollment  Withdrawal

**Name of Institution:** \_\_\_\_\_

**Address:** (street) \_\_\_\_\_  
 (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_) \_\_\_\_\_

Please check this box  for the psychological reports or I.E.P. to be released for the above named student.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount enclosed:** \$ \_\_\_\_\_ (\$10 per transcript— no charge for current seniors) **Check/Money Order:** # \_\_\_\_\_

**Credit Card Information:**  Visa  Mastercard; **Exp. Date** \_\_\_/\_\_\_ ; **Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
**CVC Code** \_\_\_; **Billing Zip Code** \_\_\_\_\_  
**Name on Card** \_\_\_\_\_

Please make a copy for your records and mail this original to:  
 SCAIHS, 930 Knox Abbott Drive, Cayce, SC 29033-3320

For Office Use Only		
Date Rec'd.: _____	Date TX Sent: _____	Sent by: _____